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COMMUNITY HEALTH SERVICES GUIDELINES

STATE INDIAN HEALTH PROGRAM

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State Indian Health Program

These guidelines represent the minimal standards for community health services (CHS) in Indian Health Program (IHP) funded agencies. The grantee is responsible for implementing a quality of services that is consistent with these guidelines. The State Indian Health Program acknowledges that CHS standards are ever-changing, and that these are minimal standards. They are a part of the system utilized by the IHP in evaluating the CHS component of a primary health care program.

The CHS program shall identify the American Indians in the service area of the grantee and assist them to achieve optimum physical and emotional well-being by providing them with information and assistance in entering and using health systems and health resources appropriately. The scope of services of the CHS program shall include: identifying American Indians within the service area; assisting American Indians in entering the health system through health education, case finding, counseling, referrals, and follow-up; assisting American Indians in learning to use health and social service resources appropriately; providing health education to promote healthy life styles; assisting American Indians in improving their health status by providing appropriate health instruction and personal care; developing liaisons with resource agencies, providers and schools; assisting American Indians in clarifying issues which may prevent utilization of health resources; participating in identifying and planning needed resources for the continued improvement of health services to the American Indian community; and maintaining accurate records of patient services.

I. Organization of CHS Department

- A. The CHS department shall have equivalent departmental status with the medical and dental departments. An organizational chart shall accurately reflect the current lines of authority and supervision of all positions within the CHS department.
- B. The CHS program shall be in compliance with all applicable local, state and federal statutes and regulations.

II. Policies and Procedures of the CHS Department

- A. Policies, procedures and protocols shall comprehensively describe the CHS program, including all service sites.

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B. Policies and procedures shall:

1. Be current with documented review at least annually.
2. Be available to all CHS staff.
3. Be adapted to the specific staffing pattern and program practice of the CHS department.
4. Be in a consistent format.
5. Identify which staff person is responsible for implementation.
6. Allow for ongoing additions, corrections and revisions.

III. CHS Staff

A. CHS Staff Meetings

The CHS staff shall meet as a department at least monthly. Meetings shall be documented with minutes.

B. CHS Director

The CHS department shall be under the supervision of a public health nurse (PHN), whose responsibilities shall include but not be limited to:.

1. Reviewing and updating all CHS policies and procedures at least annually with appropriate documentation.
2. Assuring that all CHS staff comply with established policies and procedures.
3. Assuring the quality of CHS services provided to all clients.

C. CHS staff accountability

CHS staff shall provide the CHS supervisor with an advance schedule of planned field activities.

D. Job Descriptions

Current job descriptions for all positions within the CHS department shall delineate position responsibilities, supervisory relationships and minimal qualifications for each position.

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E. Performance Evaluations

1. Performance evaluations shall be based on job specific criteria.
2. Performance evaluations of a Community Health Representative (CHR) shall include an evaluation of health skills within the first three months of employment.
 - a. The CHR shall be evaluated on all skills necessary to meet the essential functions of the position description.
 - b. Training needs identified during the skills evaluation process shall guide the development of individual and group training plans.
3. Performance evaluations shall be documented consistent with probation policies of the grantee and at least annually thereafter. Evaluations shall be filed in the employee's personnel file.

IV. Community Health Services

A. Scope of Services

The grantee shall provide or arrange for the provision of the full range of CHS services as indicated in these guidelines.

B. Transportation Services

1. If patient transportation services are provided by the CHS department, there shall be policies and procedures identifying and prioritizing persons and/or circumstances eligible for such services.
2. Policies and procedures shall require all persons being transported by CHS staff to utilize appropriate vehicle safety restraints including restraints for babies and children. Vehicles must provide disability access. Staff review of this policy should be documented annually.
3. Every effort should be made to utilize existing public transportation systems.

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C. Staff Training

1. CHS staff shall develop individual training plans annually based on individual training needs as well as departmental needs.
2. CHS staff shall participate in documented training sessions at least quarterly.
3. All licensed and field staff shall be certified in cardiopulmonary resuscitation.
4. All CHS staff shall receive annual training regarding confidentiality. Documentation shall be filed in each employee's personnel file.
5. Dental department staff shall provide training to CHS staff at least annually regarding dental health and disease prevention

V. Community Health Programs

A. Community Education Programs / Health Screening

1. The CHS program shall develop and implement an organized health education program for the local Indian community. The focus of such a program will be consistent with identified community health needs.
2. Health education activities and/or health screenings shall be held at least three times a year. The CHS department shall maintain documentation of such activities.

VI. Quality Assurance/Performance Improvement (QA/PI) Program

- A. A QA/PI program systematically monitors and evaluates the quality of services and service care delivery, seeking to improve that quality to the fullest extent possible.
- B. The CHS director shall develop and implement a CHS specific QA/PI program, or shall participate in agency-wide QA/PI.

C. CHS QA/PI Meetings

1. Staff attend either department-specific or organization-wide quality assurance/performance improvement meetings that are held at least quarterly. Minutes are taken at each meeting.

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2. Meetings document a process that at a minimum:
 - Identifies problems that are critical to the quality of care
 - Develops a corrective action plan
 - Monitors the corrective action plan
 - Evaluates the results of the corrective action plan.
 3. QA/PI involves either an organization-wide or department-specific approach to assessing and improving quality of care. It may include, but is not limited to:
 - a. Preventive service specific indicators (e.g. pap smear, mammogram, and immunization rates, sealant and fluoride use, recalls).
 - b. Access indicators (e.g. Patient flow, waiting time, patient satisfaction).
 - c. Measurable health outcome indicators (e.g. blood pressure, compliance with medication, diabetic control, baby bottle tooth decay rates).
- D. Standards of Care
1. CHS shall have available and utilize acceptable standards of care for the provision of all health services, e.g. protocols for specific health conditions.
 2. Medical parameters/protocols for critical CHR encounters shall be reviewed and approved annually by the medical director.
- E. Care Plans/Patient Care Conferences
1. CHS care plans shall be developed by the PHN and CHR for each client followed by CHS. Care plans shall identify patient care objectives, goals of care, visit frequency and expected duration of CHS services. All active care plans shall be reviewed by the PHN and the CHR at least annually with documentation.
 2. A program may choose to utilize patient care conferences in lieu of care plans. Conferences shall identify patient care objectives, goals of care, visit frequency and expected duration of CHS services. Documented conferences must be held at least monthly.

VII. Infection Control / Waste Management

- A. All CHS staff shall be educated annually regarding infection control policies, universal precautions and bloodborne pathogens.
- B. The Bloodborne Pathogen Exposure Control Plan must address CHS staff positions, and be in compliance with CAL-OSHA
- C. Appropriate CHS staff are vaccinated against hepatitis B, or refusal is documented.
- D. All CHS staff adhere to state and local guidelines for hazardous waste management.

VIII. Referrals

- A. All referrals to and from the CHS department shall be in writing and shall be tracked within the department to appropriate completion.
- B. All referrals to the CHS department for field services shall be reviewed within two weeks by the supervisor.

IX. Linkages

- A. The CHS department shall identify major local and regional agencies providing services to the local Indian community.
- B. A resource referral directory shall be available and will include traditional health resources whenever possible.
- C. The medical department shall collaborate with the CHS department to develop and implement community health activities.
- D. The dental department shall collaborate with the CHS department to develop and implement community dental disease prevention activities.
- E. There shall be documented evidence of CHS department linkage with community agencies and of a working relationship with the local county health department in all counties served by the agency.

X. Record Keeping and Documentation

- A. All CHS encounters shall be documented in the client's record no more than one calendar week after contact with the client.
- B. Communication between CHRs and the medical provider staff shall be maintained as follows:
 - 1. If CHS staff document client encounters directly into the central medical record, medical providers shall be appropriately informed of CHS activities/information.
 - 2. If the CHS department maintains separate client files, policies and procedures shall address the communication of written patient information to the medical provider staff.
- C. CHS documentation shall be consistent with the S.O.A.P. (subjective, objective, assessment, plan) or other organized format.
- D. Client records are confidential and shall be maintained securely. Access shall be limited to appropriate CHS staff.

XI. Workplace / Environment / Safety

- A. The environment is maintained to provide for physical safety of patients, visitors, and staff with no obvious safety hazards
- B. The facility is clean and sanitary, with hand-washing facilities accessible in all treatment areas
- C. Bathrooms are equipped with soap and towels, and a hand washing sign is visible.
- D. Exit signs are visible and optionally lit; legible emergency evacuation map is posted.
- E. All equipment is maintained according to manufacturer's recommendations. There is a maintenance schedule that includes task responsibility, frequency of maintenance, and documentation of maintenance.
- F. Disability accommodations include a wheelchair ramp, water fountain at wheelchair height, elevator (if applicable), designated parking, accessible bathroom facilities.